money into subsidized housing, to have invited people to come in and live there, and then to allow people's economics to drive them out of what have become their homes is simply unacceptable.

We need to have this ongoing commitment to do this. This is part of that ongoing commitment. It shows we can make adjustments that will save government money as well as require in other instances, not in this bill, increases. So I am grateful for this. I do note it, but I note that it does not do away from what I believe and I know what the gentlewoman from Indiana (Ms. CARSON) believes, is the need to put additional resources in this very rich country into the area of housing.

Let me ask the indulgence to say because I know the other bill will be coming up, the one on the Housing Commission. I also want to express my gratitude to the gentleman from New York (Mr. WALSH), the chairman of the Subcommittee on VA, HUD and Independent Agencies of the Committee on Appropriations because he was helpful in working that out. I am glad we are able to work out the extension and the appropriate staffing.

With that, I will take my leave and let us be guided by the gentlewoman from Indiana; and I will go back to the hearing of the Committee on the Judiciary.

Mr. OXLEY. Mr. Speaker, I rise in support of H.R. 2589—the Mark-to-Market Extension Act of 2001.

The Committee on Financial Services approved unanimously this legislation on July 25, 2001 and reported [House Report 107–196] to the House on September 5, 2001. The Senate Committee on Banking, Housing and Urban Affairs considered a similar bill on August 1, 2001.

H.R. 2589 will extend authorization of the Office of Multifamily Housing Assistance Restructuring, also known as OMHAR, which is currently a separate office within the Department of Housing and Urban Development (HUD). The authority would extend by three years the office through FY 2004 and extend the Secretary's authority to provide mark-to-market services through FY 2006. We believe that HUD will be provided the special tools necessary to restructure developments that receive both project-based rental section 8 payments and Federal Housing Administration mortgage insurance.

As I understand, the original Act was enacted in 1997 and was designed to curtail exploding section 8 rental costs for units renting at far above the prevailing market rates. Without this Act, section 8 contract renewals could top $7 billion dollars and account for as much as one-third of HUD's future budgets. Because the authorization for this office sunsets September 30th of this year, it is necessary that this bill pass the House today.

The Committee majority and minority staff worked with our Senate counterparts to agree on a legislative solution. Moreover, this Committee worked with the Administration and the Department of Housing and Urban Development to accommodate their concerns. According to the Congressional Budget Office, this compromise language will result in savings of over $307 million dollars.

Mr. Speaker, this is a good bill and deserves favorable House consideration. Housing Subcommittee Chairwoman MARGE ROUKEMA and Ranking Member BARNEY FRANK are to be commended for their leadership on this issue.

Mr. GREEN of Wisconsin. Mr. Speaker, I yield back the balance of my time.

Ms. CARSON of Indiana. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. MILLER of Florida). The question is on the motion offered by the gentleman from Wisconsin (Mr. GREEN) that the House suspend the rules and pass the bill, H.R. 2589, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. GREEN of Wisconsin. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

MUSCULAR DYSTROPHY COMMUNITY ASSISTANCE, RESEARCH AND EDUCATION AMENDMENTS OF 2001

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 717) to amend the Public Health Service Act to provide for research and services with respect to Duchenne muscular dystrophy, as amended.

The Clerk read as follows:

H.R. 717

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Muscular Dystrophy Community Assistance, Research and Education Amendments of 2001'', or the ''MD–CARE Act''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Of the childhood muscular dystrophies, Duchenne Muscular Dystrophy (DMD) is the world's most common and catastrophic form of genetic childhood disease, and is characterized by a rapidly progressive muscle weakness that almost always results in death, usually by 20 years of age.

(2) Duchenne muscular dystrophy is genetically inherited, and mothers are the carriers in approximately 70 percent of all cases.

(3) If a female is a carrier of the dystrophin gene, there is a 50 percent chance per birth that her male offspring will have Duchenne muscular dystrophy, and a 50 percent chance per birth that her female offspring will be carriers.

(4) Duchenne is the most common lethal genetic disorder of childhood worldwide, affecting approximately 1 in every 3,500 boys worldwide.

(5) Children with muscular dystrophy exhibit extreme symptoms of weakness, delay in walking, waddling gait, difficulty in climbing stairs, and progressive mobility problems often in combination with muscle hypertrophy.

(6) Other forms of muscular dystrophy affecting children and adults include Becker, limb girdle, congenital, facioscapulohumeral, myotonic, oculopharyngeal, distal, and Emery-Dreifuss muscular dystrophies.

(7) Myotonic muscular dystrophy (also known as Steinert's disease and dystrophia myotonica) is the second most prominent form of muscular dystrophy and the type most commonly found in adults. Unlike any of the other muscular dystrophies, the muscle weakness is accompanied by myotonia (delayed relaxation of muscles after contraction) and by a variety of abnormalities in addition to those of muscle.

(8) Facioscapulohumeral muscular dystrophy (referred to in this section as ''FSHD'') is a neuromuscular disorder that is inherited genetically and has an estimated frequency of 1 in 20,000. FSHD, affecting between 15,000 to 40,000 persons, causes a progressive and sever loss of skeletal muscle gradually bringing weakness and reduced mobility. Many persons with FSHD become severely physically disabled and spend many decades in a wheelchair.

(9) FSHD is regarded as a novel genetic phenomenon resulting from a crossover of subtelomeric DNA and may be the only human disease caused by a deletion-mutation.

(10) Each of the muscular dystrophies, though distinct in progressivity and severity of symptoms, have a devastating impact on tens of thousands of children and adults throughout the United States and worldwide and impose severe physical and economic burdens on those affected.

(11) Muscular dystrophies have a significant impact on quality of life—not only for the individual who experiences its painful symptoms and resulting disability, but also for family members and caregivers.

(12) Development of therapies for these disorders, while realistic with recent advances in research, is likely to require costly investments and infrastructure to support gene and other therapies.

(13) There is a shortage of qualified researchers in the field of neuromuscular research.

(14) Many family physicians and health care professionals lack the knowledge and resources to detect and properly diagnose the disease as early as possible, thus exacerbating the progressiveness of symptoms in cases that go undetected or misdiagnosed.

(15) There is a need for efficient mechanisms to translate clinically relevant findings in muscular dystrophy research from basic science to applied work.

(16) Educating the public and health care community throughout the country about this devastating disease is of paramount importance and is in every respect in the public interest and to the benefit of all communities.

SEC. 3. EXPANSION, INTENSIFICATION, AND COORDINATION OF ACTIVITIES OF NATIONAL INSTITUTES OF HEALTH WITH RESPECT TO RESEARCH ON MUSCULAR DYSTROPHY.

Part A of title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by adding at the end the following:

''SEC. 404E. MUSCULAR DYSTROPHY; INITIATIVE THROUGH DIRECTOR OF NATIONAL INSTITUTES OF HEALTH.

''(a) EXPANSION, INTENSIFICATION, AND COORDINATION OF ACTIVITIES.—

''(1) IN GENERAL.—The Director of NIH, in coordination with the Directors of the National Institute of Neurological Disorders and Stroke, the National Institute of Arthritis and Muscoskeletal and Skin Diseases, the National Institute of Child Health and Human Development, and the other national research institutes as appropriate, shall expand and intensify programs of such Institutes with respect to research and related activities concerning various forms of muscular dystrophy, including Duchenne, myotonic, facioscapulohumeral muscular dystrophy (referred to in this section as 'FSHD') and other forms of muscular dystrophy.

''(2) COORDINATION.—The Directors referred to in paragraph (1) shall jointly coordinate the

programs referred to in such paragraph and consult with the Muscular Dystrophy Interagency Coordinating Committee established under section 6 of the MD–CARE Act.

''(3) ALLOCATIONS BY DIRECTOR OF NIH.—The Director of NIH shall allocate the amounts appropriated to carry out this section for each fiscal year among the national research institutes referred to in paragraph (1).

''(b) CENTERS OF EXCELLENCE.—

''(1) IN GENERAL.—The Director of NIH shall award grants and contracts under subsection (a)(1) to public or nonprofit private entities to pay all or part of the cost of planning, establishing, improving, and providing basic operating support for centers of excellence regarding research on various forms of muscular dystrophy.

''(2) RESEARCH.—Each center under paragraph (1) shall supplement but not replace the establishment of a comprehensive research portfolio in all the muscular dystrophies. As a whole, the centers shall conduct basic and clinical research in all forms of muscular dystrophy including early detection, diagnosis, prevention, and treatment, including the fields of muscle biology, genetics, noninvasive imaging, genetics, pharmacological and other therapies.

''(3) COORDINATION OF CENTERS; REPORTS.—The Director of NIH—

''(A) shall, as appropriate, provide for the coordination of information among centers under paragraph (1) and ensure regular communication between such centers; and

''(B) shall require the periodic preparation of reports on the activities of the centers and the submission of the reports to the Director.

''(4) ORGANIZATION OF CENTERS.—Each center under paragraph (1) shall use the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such requirements as may be prescribed by the Director of NIH.

''(5) DURATION OF SUPPORT.—Support for a center established under paragraph (1) may be provided under this section for a period of not to exceed 5 years. Such period may be extended for 1 or more additional periods not exceeding 5 years if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director of NIH and if such group has recommended to the Director that such period should be extended.

''(c) FACILITATION OF RESEARCH.—The Director of NIH shall provide for a program under subsection (a)(1) under which samples of tissues and genetic materials that are of use in research on muscular dystrophy are donated, collected, preserved, and made available for such research. The program shall be carried out in accordance with accepted scientific and medical standards for the donation, collection, and preservation of such samples.

''(d) COORDINATING COMMITTEE.—

''(1) IN GENERAL.—The Secretary shall establish the Muscular Dystrophy Coordinating Committee (referred to in this section as the 'Coordinating Committee') to coordinate activities across the National Institutes and with other Federal health programs and activities relating to the various forms of muscular dystrophy.

''(2) COMPOSITION.—The Coordinating Committee shall consist of not more than 15 members to be appointed by the Secretary, of which—

''(A) ⅔ of such members shall represent governmental agencies, including the directors or their designees of each of the national research institutes involved in research with respect to muscular dystrophy and representatives of all other Federal departments and agencies whose programs involve health functions or responsibilities relevant to such diseases, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration and the Food and Drug Administration and representatives of other governmental agencies that serve children with muscular dystrophy, such as the Department of Education; and

''(B) ⅓ of such members shall be public members, including a broad cross section of persons affected with muscular dystrophies including parents or legal guardians, affected individuals, researchers, and clinicians.

Members appointed under subparagraph (B) shall serve for a term of 3 years, and may serve for an unlimited number of terms if reappointed.

''(3) CHAIR.—

''(A) IN GENERAL.—With respect to muscular dystrophy, the Chair of the Coordinating Committee shall serve as the principal advisor to the Secretary, the Assistant Secretary for Health, and the Director of NIH, and shall provide advice to the Director of the Centers for Disease Control and Prevention, the Commissioner of Food and Drugs, and to the heads of other relevant agencies. The Coordinating Committee shall select the Chair for a term not to exceed 2 years.

''(B) APPOINTMENT.—The Chair of the Committee shall be appointed by and be directly responsible to the Secretary.

''(4) ADMINISTRATIVE SUPPORT; TERMS OF SERVICE; OTHER PROVISIONS.—The following shall apply with respect to the Coordinating Committee:

''(A) The Coordinating Committee shall receive necessary and appropriate administrative support from the Department of Health and Human Services.

''(B) The Coordinating Committee shall meet as appropriate as determined by the Secretary, in consultation with the chair.

''(e) PLAN FOR HHS ACTIVITIES.—

''(1) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Coordinating Committee shall develop a plan for conducting and supporting research and education on muscular dystrophy through the national research institutes and shall periodically review and revise the plan. The plan shall—

''(A) provide for a broad range of research and education activities relating to biomedical, epidemiological, psychosocial, and rehabilitative issues, including studies of the impact of such diseases in rural and underserved communities;

''(B) identify priorities among the programs and activities of the National Institutes of Health regarding such diseases; and

''(C) reflect input from a broad range of scientists, patients, and advocacy groups.

''(2) CERTAIN ELEMENTS OF PLAN.—The plan under paragraph (1) shall, with respect to each form of muscular dystrophy, provide for the following as appropriate:

''(A) Research to determine the reasons underlying the incidence and prevalence of various forms of muscular dystrophy.

''(B) Basic research concerning the etiology and genetic links of the disease and potential causes of mutations.

''(C) The development of improved screening techniques.

''(D) Basic and clinical research for the development and evaluation of new treatments, including new biological agents.

''(E) Information and education programs for health care professionals and the public.

''(f) REPORTS TO CONGRESS.—The Coordinating Committee shall biennially submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate, a report that describes the research, education, and other activities on muscular dystrophy being conducted or supported through the Department of Health and Human Services. Each such report shall include the following:

''(1) The plan under subsection (e)(1) (or revisions to the plan, as the case may be).

''(2) Provisions specifying the amounts expended by the Department of Health and Human Services with respect to various forms of muscular dystrophy, including Duchenne, myotonic, FSHD and other forms of muscular dystrophy.

''(3) Provisions identifying particular projects or types of projects that should in the future be considered by the national research institutes or other entities in the field of research on all muscular dystrophies.

''(g) PUBLIC INPUT.—The Secretary shall, under subsection (a)(1), provide for a means through which the public can obtain information on the existing and planned programs and activities of the Department of Health and Human Services with respect to various forms of muscular dystrophy and through which the Secretary can receive comments from the public regarding such programs and activities.

''(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2002 through 2006. The authorization of appropriations established in the preceding sentence is in addition to any other authorization of appropriations that is available for conducting or supporting through the National Institutes of Health research and other activities with respect to muscular dystrophy.''.

SEC. 4. DEVELOPMENT AND EXPANSION OF ACTIVITIES OF CENTERS FOR DISEASE CONTROL AND PREVENTION WITH RESPECT TO EPIDEMIOLOGICAL RESEARCH ON MUSCULAR DYSTROPHY.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 317P the following:

''SEC. 317Q. SURVEILLANCE AND RESEARCH REGARDING MUSCULAR DYSTROPHY.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants and cooperative agreements to public or nonprofit private entities (including health departments of States and political subdivisions of States, and including universities and other educational entities) for the collection, analysis, and reporting of data on Duchenne and other forms of muscular dystrophy. In making such awards, the Secretary may provide direct technical assistance in lieu of cash.

''(b) NATIONAL MUSCULAR DYSTROPHY EPIDEMIOLOGY PROGRAM.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants to public or nonprofit private entities (including health departments of States and political subdivisions of States, and including universities and other educational entities) for the purpose of carrying out epidemiological activities regarding Duchenne and other forms of muscular dystrophies, including collecting and analyzing information on the number, incidence, correlates, and symptoms of cases. In carrying out the preceding sentence, the Secretary shall provide for a national surveillance program. In making awards under this subsection, the Secretary may provide direct technical assistance in lieu of cash.

''(c) COORDINATION WITH CENTERS OF EXCELLENCE.—The Secretary shall ensure that epidemiological information under subsections (a) and (b) is made available to centers of excellence supported under section 404E(b) by the Director of the National Institutes of Health.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section.''.

SEC. 5. INFORMATION AND EDUCATION.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this Act as the ''Secretary'') shall establish and implement a program to provide information and education on muscular dystrophy to health professionals and the general public, including information and education on advances in the diagnosis and treatment of muscular dystrophy and training and continuing education through programs for scientists, physicians, medical students, and other health professionals who provide care for patients with muscular dystrophy.

(b) STIPENDS.—The Secretary may use amounts made available under this section provides stipends for health professionals who are enrolled in training programs under this section.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section.

SEC. 6. REPORT TO CONGRESS.

Not later than January 1, 2003, and each January 1 thereafter, the Secretary shall prepare and submit to the appropriate committees of Congress, a report concerning the implementation of this Act and the amendments made by this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. STRICKLAND) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and insert extraneous material on H.R. 717.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 717, the Duchenne Muscular Dystrophy Childhood Assistance Research and Education Amendments of 2001 which will help find cures for all forms of muscular dystrophy; and I commend at the outset the gentleman from Mississippi (Mr. WICKER) for writing this bill and for continuing to push for its movement through the process.

Mr. Speaker, the Subcommittee on Health of the Committee on Energy and Commerce held an important hearing on this issue where Ed McMahon spoke in favor of the legislation. I believe that every dollar invested in medical research will yield untold benefits for all Americans in years to come. Indeed, our own lives might some day depend on the efforts of scientists and doctors currently at work in our Nation's laboratories. Medical research represents the single most effective weapon against diseases such as muscular dystrophy.

While we live in a modern world, children with DMD are powerless. Boys die before reaching 20, before reaching adulthood, before experiencing life. Duchenne muscular dystrophy is the most common lethal childhood genetic disorder in the world, affecting 1 in 2,328 male newborns worldwide, according to a 1997 German study.

The disease may be inherited within families, or it may be caused by a spontaneous mutation in individuals. In fact, one-third of Duchenne cases are not inherited but are caused by gene mutation.

Children who are born with DMD follow a predictable clinical course. Young children develop difficulties walking and begin falling due to muscle weakness, and by 8 to 10 years, the muscle weakness has progressed to the point where most children must rely on wheelchairs. By late teens, most DMD children have succumbed to their disease, usually as victims of respiratory failure. The diagnosis is accompanied by a lifetime of progressive loss of function, loss of independence, dependence on family caregivers, and extraordinary physical, mental, psychological, spiritual, and financial burdens for the family and for society.

As you know, this bill takes significant steps towards increasing Federal research efforts to find a cure for Duchenne and other forms of muscular dystrophy. Specifically, H.R. 717 takes four key steps toward improving the Federal commitment to muscular dystrophy:

First, increased coordination. Building on title 23 of the Children's Health Act of 2000, H.R. 717 expands, intensifies, and coordinates research activities related to muscular dystrophy by establishing the Muscular Dystrophy Interagency Coordinating Committee.

Secondly, it creates Centers of Excellence at NIH in order to ensure a focused research effort of muscular dystrophy. H.R. 717 establishes Centers of Excellence at NIH to support and expand clinical research on various forms of muscular dystrophy, including investigations into the diagnosis, early detection, prevention, control, and adequate treatment of various forms of DMD.

It also establishes a national muscular dystrophy surveillance program granting to public and nonprivate entities the implementation of the National Muscular Dystrophy Surveillance Program.

And fourth, it allows for dissemination of education to medical professionals and promotion of public awareness.

Mr. Speaker, the advances made over the course of the last century cannot have been predicted by the most farsighted observers. It is equally difficult to anticipate the significant gains from further medical research, particularly in the area of muscular dystrophy.

Mr. Speaker, I urge all of my colleagues to join the Parent Project on Duchenne Muscular Dystrophy, the Muscular Dystrophy Association, and Mr. Ed McMahon who spoke so eloquently in our subcommittee hearing in defense of all of the children suffering from this disease in support of H.R. 717.

Mr. Speaker, I reserve the balance of my time.

Mr. STRICKLAND. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of this bill. I am glad that the House is considering Muscular Dystrophy Community Assistance, Research and Education Amendments of 2001, and I would like to thank the gentleman from Mississippi (Mr. WICKER) and my other colleagues on the Committee on Energy and Commerce for their strong bipartisan efforts to work in the passage of this legislation. My understanding is there are currently over 300 cosponsors in the House.

Mr. Speaker, the muscular dystrophies are a group of genetic diseases that cause the progressive weakness of skeletal muscles. Duchenne muscular dystrophy is the most common of the childhood muscular dystrophies, and is the world's most lethal genetic childhood disease.

The disease is characterized by rapidly progressive and painful muscle weakness that almost always results in death, usually by 20 years of age. Duchenne muscular dystrophy primarily affects boys with one in every 3,500 boys worldwide affected.

A woman who is a genetic carrier of the disease has a 50 percent chance of passing it on to her son, and a 50 percent chance that her daughter will also be a carrier. Currently there are no specific treatments, although therapies to improve the quality of life of those suffering from muscular dystrophy can be used.

Scientists are working to seek ways to increase understanding of muscular dystrophy and its causes, develop better therapies, and ultimately find ways to prevent and cure the disorder. However, research into muscular dystrophy is expensive, and requires an investment in gene therapies.

H.R. 717 will focus funding within the National Institutes of Health on muscular dystrophy, expanding research programs, and creating Centers of Excellence that will conduct basic and clinical research into Duchenne and other muscular dystrophies. H.R. 717 also directs the Centers for Disease Control and Prevention to collect, analyze, and to report data about Duchenne and other types of muscular dystrophy. This type of close surveillance and research is critical if we are to truly understand this terrible disease and how we can best treat it or even cure it.

In addition, the funding for the CDC will help to coordinate the Institutes of Health and CDC's research efforts.

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Finally, the bill will create an educational program for family physicians who may fail to recognize the symptoms of muscular dystrophy. Identifying the disease early will ensure that treatment programs will be more effective. Hopefully, strides in gene research will make early identification easier and treatment more effective.

H.R. 717 takes important steps toward a cure for muscular dystrophy. Again, I commend my colleagues for their efforts on this legislation. For all of those families who have prematurely lost a son or daughter because of muscular dystrophy, this bill provides some hope that science will find a cure so that others do not suffer the same loss.

Mr. Speaker, I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as he may consume to the gentleman from Mississippi (Mr. WICKER), the gentleman responsible for this legislation, who did a fantastic job on it and I commend him for it.

Mr. WICKER. Let me just say, Mr. Speaker, that it is indeed encouraging to see this House of Representatives coming together in support of H.R. 717, legislation which, as the gentleman from Florida said, is designed to increase the Federal research commitment to combat muscular dystrophy. I want to thank the leadership of the Committee on Energy and Commerce, the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Michigan (Mr. DINGELL) and the gentleman from Ohio (Mr. BROWN), for their efforts in moving this bill through their committee and to the floor. I also want to thank my friend from Ohio for his kind comments about this legislation. And I want to thank the 310 cosponsors of this legislation who have demonstrated the broad bipartisan support that this bill enjoys.

In addition, I want to thank the parents of the young boys who suffer from Duchenne muscular dystrophy. Make no mistake about it, the parents and families of Duchenne boys have been the driving force in moving this bill and calling attention to this dreadful disease, people like Darlene Oliver of Tupelo, Mississippi, who has been tireless in her efforts. These parents, who are sitting around the country today on pins and needles as we debate this legislation, through their letters and visits to Members of Congress, have been instrumental in getting this bill to the House floor today.

I have received a flood of letters, e-mails, and calls from parents of DMD children from all over the country, often accompanied by pictures of their little boys. Even those who have already experienced the sorrow of losing a child have written to express their gratitude for this bill. A few days ago, I received a card from a woman in Raleigh, North Carolina. In part she writes, and I quote, ''You can't possibly know how much your support means to us, Andrew's family. Our son will not benefit from your largesse, but countless children will. You have given hope to so many.''

Mr. Speaker, through the work of NIH and CDC, the Federal Government has given hope to millions of Americans who suffer from a wide variety of diseases, such as cancer, cardiovascular disease, diabetes and arthritis. The research done at NIH and sponsored by NIH at universities across America is on the cutting edge of modern science. This is an arena where the Government must play an important role to ensure that the cures of tomorrow are available to all. Along with many of my colleagues, I have been proud to support the increases which are necessary to double the funding of NIH over a period of 5 years.

However, not all who suffer from disease have been able to realize the promise of NIH research. Duchenne muscular dystrophy, as the chairman pointed out, is the most common and most lethal childhood genetic disorder. Yet less than one one-thousandth of the NIH budget is focused on research linked to muscular dystrophy. Although the dystrophin gene which causes DMD was successfully identified and isolated by medical researchers in 1987, Federal research has been minimal. Many family physicians and health care professionals lack the knowledge and resources to detect and properly diagnose the disease as early as possible, allowing the disease to progress unchecked in cases that are undetected or misdiagnosed.

Mr. Speaker, during the August recess, while I was traveling across my district like so many of my colleagues, I met Walter and Inez Ewing of Prairie, Mississippi, who have lost five of their eight children to this disease. Each of these boys died at a young age, devastating the family and friends in Monroe County, Mississippi. It is my hope that through the enactment of this legislation and with continued increased appropriations for the NIH and CDC, we can make great strides against this killer of our children and we can give more hope to the children and their parents who suffer from its effects.

I urge my colleagues to support this legislation.

Mrs. BIGGERT. Mr. Speaker, I rise today in strong support of H.R. 717, the Duchenne Muscular Dystrophy Childhood Assistance, Research and Education Amendments Act. This legislation will provide much needed resources for research on this terrible disease.

Duchenne Muscular Dystrophy primarily, affects boys, and is usually discovered during their toddler or preschool years. Nearly all children with DMD lose the ability to walk sometime between the ages of 7 and 12.

DMD is a truly devastating disease for those who have to live with it every day, like the DeGrenier family in my District. Their son has this horrible disease, and they have been tireless in their fight to gain exposure for this issue.

The most tragic part of DMD is that there is so little known about the disease and no known treatment for it. Treatment has traditionally been aimed at managing the sumptoms in an effort to optimize the quality of life. The medication required just to treat the sypmtoms is often too expensive for families to handle.

Research is what is desperately needed to fight this deadly disease. This bill will provide a significant step in addressing the lack of knowledge about DMD. By expanding the programs at the National Institute of Neurological Disorders and Stroke, as well as establishing research centers of excellence and authorizing research grants, we can start to find out more about DMD and give hope to families like the DeGreniers.

I urge my Colleagues to support this importannt legislation.

Mr. EHRLICH. Mr. Speaker, I rise today in strong support of H.R. 717, the Duchenne Muscular Dystrophy (DMD) Childhood Assistance, Research, and Education (CARE) Act. As a cosponsor of H.R. 717, I am extremely pleased this bill, which focuses federal resources on researching DMD, is being considered by the House of Representatives today.

DMD is the most common form of genetic childhood disease, affecting approximately one in every 3,500 boys worldwide. As the disease progresses, muscle deterioration in the back and chest exerts pressure against the lungs, making it difficult to breathe. By age 10, children born with DMD will lose the ability to walk. The deterioration process continues until it ultimately takes the boy's life, typically by the late teens or early twenties.

Although the gene that causes DMD was successfully identified and isolated by medical researchers in 1987, federal research devoted to potential treatment options or a cure since this initial discovery has been minimal. Of the $20.3 billion allocated for the National Institutes of Health (NIH) during FY 2001, only a few million dollars are invested in medical research specific to DMD. This limited federal support has resulted in minimal treatment options aimed at managing the symptoms, not treating the disease.

I want to commend my colleagues, ROGER WICKER and COLIN PETERSON, for introducing H.R. 717, the CARE Act. This legislation will increase the funding available for researching DMD, direct NIH's attention to solving this problem, and better educate the public on this tragic disease.

Further, I want to thank the leadership of the Energy and Commerce Committee and its Health Subcommittee for expediting this matter to ensure that the federal government acts as quickly as possible to combat DMD. Finally, I want to recognize Parent Project, an important organization for families of sufferers of DMD, and thank them for their continued efforts to significantly increase research at the federal level.

Mr. UPTON. Mr. Speaker, I am very pleased that you have called up for our consideration this evening H.R. 717, the Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2001. I am an original cosponsor of this legislation designed to substantially strengthen support at the national Institutes of Health for research on Duchenne and several other types of muscular dystrophy, coordinate that research across federal agencies, and translate discoveries in the lab into improved patient care.

I have seen the human face of Duchenne muscular dystrophy and the toll that it takes on children and families. Some time ago, I had the opportunity to visit with Don and Joyce Carpenter of Kalamazoo, Michigan, and their courageous son Ben, who suffers from Duchenne muscular dystrophy. From them I learned that Duchenne muscular dystrophy is the most common and the most catastrophic form of genetic childhood disease. Sadly, it generally kills its victims in their late teens or early 20s.

For decades, the only drug treatment known to somewhat alter the course of the disease is the use of steroids—whose serious side effects are well known. We've simply got to do better. We have to find a way to prevent this devastating disorder in the first place—perhaps through the promise of gene therapy. And until we learn how to prevent it, we've got to learn how to treat it more effectively.

This legislation has strong bipartisan support. It has 310 cosponsors and was unanimously approved by both by the Health Subcommittee and the full Energy and Commerce Committee.

I call on my colleagues to join me in supporting this legislation. What we are doing here this evening is giving hope to Don and Joyce and Ben Carpenter and many others who suffer from Duchenne and other devastating forms of muscular dystrophy in this nation and across the world. We can work miracles when we really try.

Mr. PETERSON of Minnesota. Mr. Speaker, I rise today in support of H.R. 717, the Muscular Dystrophy Community Assistance, Research and Education Act.

Representative WICKER and I introduced H.R. 717, after being inspired by testimonies from our constituents. I am inspired by an extraordinary 9-year-old boy, Jacob, who has Duchenne Muscular Dystrophy.

For those of you who don't know about Duchenne Muscular Dystrophy: Duchenne is typically diagnosed in boys between the ages of 3 and 5 years; the disease is characterized by progressive weakness, with a gradual deterioration of muscle capacity, first in the legs, then in the arms, back, lungs, and heart; and children affected by Duchenne typically do not live to see their 20's

Currently, Jacob uses a motorized scooter to get around, but soon he will need a ventilator to breathe. There is no treatment for Duchenne Muscular Dystrophy. The life expectancy of a child with Duchenne has not changed since 1859 when it was first identified. It is time for us to focus our efforts and target funds to Muscular Dystrophy research at NIH and CDC.

H.R. 717, will fight childhood muscular dystrophy by boosting research funding and raising public awareness. Less than 1/2000 of the NIH budget is focused on research linked to Muscular Dystrophy. Time is running out.

I asked Jacob, if he could trade places with anyone in the world who would he be; I expected him to say a famous athlete or movie star, but he simply answered his older brother, so he can play football with his friends. You see his biggest wish is to be a regular boy.

Today, lets do what we can to help this little boy grow up to play football with his friends. I hope all of you are as inspired as I am by the courage of Jacob and other children who suffer from this, terrible disease.

I urge you to support H.R. 717.

Mr. STRICKLAND. Mr. Speaker, I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. MILLER of Florida). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 717, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. BILIRAKIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Lundregan, one of its clerks, announced that the Senate has passed without amendment a bill of the House of the following title:

H.R. 2603. An act to implement the agreement establishing a United States-Jordan free trade area.

REPORT ON H.R. 2944, DISTRICT OF COLUMBIA APPROPRIATIONS ACT, 2002

Mr. KNOLLENBERG, from the Committee on Appropriations, submitted a privileged report (Rept. No. 107–216) on the bill (H.R. 2944) making appropriations for the government of the District of Columbia and other activities chargeable in whole or in part against the revenues of said District for the fiscal year ending September 30, 2002, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore. Pursuant to clause 1, rule XXI, all points of order are reserved on the bill.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until 5:30 p.m.

Accordingly (at 4 o'clock and 6 minutes p.m.), the House stood in recess until 5:30 p.m.

□ 1730

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. FOLEY) at 5 o'clock and 30 minutes p.m.

APPOINTMENT OF CONFEREES ON H.R. 2500, DEPARTMENTS OF COMMERCE, JUSTICE, AND STATE, THE JUDICIARY, AND RELATED AGENCIES APPROPRIATIONS ACT, 2002

Mr. WOLF. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 2500) making appropriations for the Departments of Commerce, Justice, and State, the Judiciary, and related agencies for the fiscal year ending September 30, 2002, and for other purposes, with a Senate amendment thereto, disagree to the Senate amendment, and agree to the conference asked by the Senate.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia? The Chair hears none and, without objection, appoints the following conferees: Messrs. WOLF, ROGERS of Kentucky, KOLBE, TAYLOR of North Carolina, REGULA, LATHAM, MILLER of Florida, VITTER, YOUNG of Florida, SERRANO, MOLLOHAN, Ms. ROYBAL-ALLARD, and Messrs. CRAMER, KENNEDY of Rhode Island, and OBEY.

There was no objection.

MAKING IN ORDER AT ANY TIME CONSIDERATION OF H.J. RES. 65, CONTINUING APPROPRIATIONS, FISCAL YEAR 2002

Mr. YOUNG of Florida. Mr. Speaker, I ask unanimous consent that it be in order at any time without intervention of any point of order to consider in the House the joint resolution (H.J. Res. 65) making continuing appropriations for the fiscal year 2002, and for other purposes; that the joint resolution be considered as read for amendment; the joint resolution shall be debatable for 1 hour equally divided and controlled by the chairman and ranking member of the Committee on Appropriations; and the previous question shall be considered as ordered on the joint resolution to final passage without intervening motion except one motion to recommit.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

GENERAL LEAVE

Mr. YOUNG of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on H.J. Res. 65, and that I may include tabular and extraneous material.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

CONTINUING APPROPRIATIONS, FISCAL YEAR 2002

Mr. YOUNG of Florida. Mr. Speaker, pursuant to the order of the House of today, I call up the joint resolution (H.J. Res. 65) making continuing appropriations for the fiscal year 2002, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the joint resolution.

The text of House Joint Resolution 65 is as follows:

H.J. RES. 65

Resolved by the Senate and House of Representatives of the United States of America in congress assembled, That the following sums are hereby appropriated, out of any money in the Treasury not otherwise appropriated, and out of applicable corporate or other revenues, receipts, and funds, for the several departments, agencies, corporations, and other organizational units of Government for fiscal year 2002, and for other purposes, namely:

SEC. 101. (a)(1) Such amounts as may be necessary under the authority and conditions provided in the applicable appropriations Act for fiscal year 2001 for continuing